



**FORM AD**

**COIN OPERATED AMUSEMENT DEVICES**

BUSINESS NAME: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_  
Number and Street

\_\_\_\_\_ City and State Zip Code

OWNER NAME OR PRESIDENT'S NAME (IF CORPORATION) \_\_\_\_\_ Bus. Phone: \_\_\_\_\_

**PROPOSED LOCATION OF COIN OPERATED AMUSEMENT DEVICES:**

**# OF DEVICES:**

**TYPE OF AMUSEMENT DEVICE TO BE INSTALLED AT LOCATION:**

Name of Business		
Address		

ZONING CLASSIFICATION OF PROPOSED LOCATION: \_\_\_\_\_

**NOTE LIABILITY INSURANCE REQUIREMENTS:**

Before a Local Business Tax Receipt is issued for coin operated RIDES or amusement devices not located within a building, a Certificate of Insurance must be furnished showing the following coverage:

Minimum coverage required: \$100,000 - One Person \$300,000 - More than one person.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

FOR OFFICE USE ONLY:

BOARD OF ADJUSTMENT ACTION:	
<b>Approved:</b> _____ Date	<b>Disapproved :</b> _____ Date

**ELECTRICAL INSPECTION:**

Coin operated amusement devices must be inspected and approved AFTER the Board of Adjustment approval, and PRIOR to a Local Business Tax Receipt being issued.

THE ABOVE MACHINES HAVE BEEN INSPECTED AND APPROVED:

\_\_\_\_\_  
Electrical Inspector's Signature

\_\_\_\_\_  
Date